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SECTION OF LARYNGOLOGY. 4th Friday, monthly, 8.30 o'clock. Chairman, J. N. Reik, M.D.; Secretary, L. J. Goldbach, M.D.

SECTION OF NEUROLOGY. 2d Friday, monthly. Chairman, A. P. Herring, M.D.; Secretary, G. Lane Taneyhill, M.D.

SECTION OF OPHTHALMOLOGY AND OTOLOGY. 3d Wednesday. Chairman, Hiram Woods, M.D.; Secretary, J. W. Downey, Jr., M.D.

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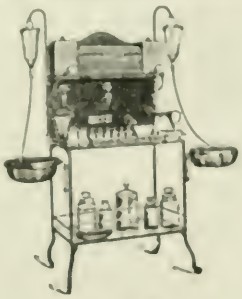

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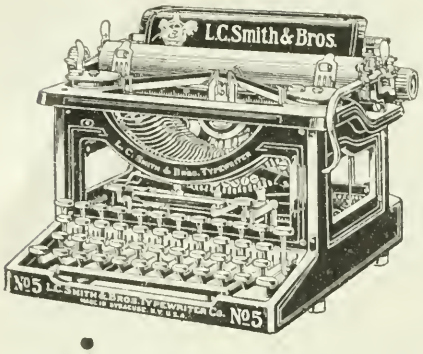

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MARYLAND
MEDICAL JOURNAL
A Journal of Medicine and Surgery
Vol. LVII, No. 4 BALTIMORE, APRIL, 1914 Whole No. 1151

HYGIENE OF RURAL SCHOOLS.*

By J. A. Nydegger, M.D.,
United States Public Health Service, Baltimore, Md.

Sanitary laws in great numbers have been enacted and enforced for the betterment of the complex health conditions of our cities. Extensive public-health educational campaigns have been carried on in all that pertains to health and hygiene; and in the onward movement which at the present time is being agitated more than in any former period in behalf of better methods of living, physically, mentally and morally, with the great advances made in hygiene, eugenics an euthenics, the rural and urban districts, which now offer the most fruitful fields for the promotion of hygiene, in all the term implies, seem in a great measure to have been overlooked and practically passed by, and up to the present time almost forgotten. This has been due in a measure to the engrossing attention paid to improving health conditions in the cities and large towns, while the rural areas have been sadly neglected.

Other factors of importance in this connection are the remoteness of some of the sections from the more populous cities and environs, and partly through lack of knowledge and ignorance of the existing injurious environment, in so far that the rules for correct living and good health have been almost completely ignored.

In further explanation of the backwardness in the rural hygienic movement, it might be said that the non-investigation into the true status of health conditions in rural areas more thoroughly has not been intentional on the part of the sanitary and health officials of any State, but partly follows as a result of the lack of interest and knowledge concerning these matters of the inhabitants themselves. What will apply as a whole to the tardiness in advancing better hygienic and health conditions in the

*Address presented at the Fourth International Congress on School Hygiene, held at Buffalo, N. Y., August 24-30, 1913.

rural communities of the majority of our States will likewise apply to any particular environment in which the population in these areas might happen to be placed.

How frequently do we hear the assertion made by statesmen and others that the country district school is the foundation of the republic, the bulwark of the nation, and yet how little has the nation apparently done for the public schools of the rural communities! In the cities and larger towns the schools are, as a rule, fairly well administered, and the buildings fairly well constructed and equipped, in accordance with hygienic measures, but how about the sadly-neglected rural schools? When we come to consider the subject of school hygiene, this is one of the supreme questions of the hour, as I take it.

When we fail to respond to the call for more modern schoolhouses in the rural areas and better-equipped and better-paid teachers, we fail in a great public duty.

The claim that the children in the country districts are entitled to just as well lighted and heated buildings, to just as habitable, modern and sanitary schools as are the children of the cities and towns, is a just one, and the demand must be met if we would heed the call of progress and justice.

Every American child is entitled to a free common-school education, and where the rural communities cannot properly provide and support their schools, the State and Federal Governments should see to it that better provisions for the rural schools are provided.

It is highly important for us to understand that schools are provided for that part of our population which is peculiarly susceptible to the influences of bad hygienic surroundings. It is now a well-recognized fact that the hygiene of school life is of paramount importance in connection with the subject of political economy and the prosperity of a nation.

It is also highly important that those who are in any way connected with the education of the young should have uppermost in mind that the greatest asset or resource of a nation is its healthy citizen, and that unless we provide better and more modern and sanitary schools in the rural districts we cannot expect the children of these communities to grow up into healthy citizens, and a citizen without good health is a non-valuable quantity when resources are being considered. As a people, we spend comparatively little money on the conservation of health, our greatest national resource, while vast sums are expended for other public purposes of lesser importance.

In the little white, one-roomed country schoolhouse many of our greatest men began and completed their school education, yet there can be no doubt that there were others who would have been great but for the undesirable environment and limitations of the country school.

It is a sad fact that the schoolhouses in many of our rural communities are far from sanitary, and that the work imposed upon

the teachers, who are chiefly women, is greater than they can perform without endangering their health.

The majority of the rural school children spend from 20 to 30 hours weekly in the schoolroom for a period of several months each year for 8 or 10 years. Such being the case, the need of hygienic schools and environs and a good personal hygiene must be admitted by all.

Formerly we were taught that the country is more healthful than the city, and we accepted this without comment, but recently the sanitarians have called attention to the fact that the death rate in the cities is falling more rapidly than in the rural districts. The cause of this is simply a matter of sanitation. While sanitary and hygienic provisions have been made for the cities, the urban and rural areas have been sadly neglected. When the country was first settled the population was scattered, and the virgin soil was not polluted; the waters were pure, and many of the contagious diseases which now claim thousands were practically unknown.

If we but compare the existing unhygienic condition of the average rural school with that of the schools of the cities, the contrast will be shown to be all the greater. How often do we see—especially those of us who are somewhat more familiar with rural life and rural conditions—the district school located at some one or other extreme limit of the school district, placed there, doubtless, more to please some influential trustee or patron or because of a stronger local faction, rather than being placed centrally, where it would be equally distant and accessible to all, thereby lessening the hardships, fatigue and exposure in inclement weather imposed on the children who attend from the more distant parts. Again, on the aforesaid grounds, as also by reason of ignorance of the laws of hygiene, how frequently do we see the rural school located at some unhygienic or badly-oriented spot.

Occasionally do we see the school placed on low ground, where drainage is poor, or where the ground water is near the surface, or perhaps it is seen surrounded and overhung by trees, which are conducive to moisture and insufficient sunlight, or it is situated at the base of a hill or eminence, thereby depriving the building of the proper amount of light, as also affording an ill-pleasing view from the windows.

The filth and foul air of the toilet-rooms of many schools in decent urban and town communities is unspeakable, but if we venture into the more remote rural districts we are wont to observe the total absence of this important sanitary accommodation of the school, and the scholars, responding to the daily calls of nature, must make use of the privacy afforded by natural objects and otherwise in the vicinity of the building, with necessarily resulting soil pollution and the liability of the dissemination of disease germs contained in the excreta deposited on the ground. In this manner pathogenic germs may easily gain access to the

source of supply of drinking water for the school. The dangers of the drinking water are thus twofold: from the impure water and from the common drinking cup, in transmitting disease, still in common use in the rural school.

The water supply of the rural school generally comes from a surface spring or shallow well. The former, if free from pollution, is frequently made inaccessible by reason of the distance necessary to transport the water, with a resulting deprivation in the amount supplied for drink and purposes of cleanliness in the personnel of the school, their effects and the building itself. Drinking water coming from a shallow well is more dangerous than from a spring, as it is located near the school and is more liable to receive surface drainage from the vicinity of the building, and therefore is more likely to be polluted and its use a greater risk to health.

When we come to consider the rural school itself, the lack of cleanliness is perhaps the most glaring and universal defect, being worse frequently in this respect than the school in the city, while also it is generally found to be poorly constructed and imperfectly heated, ventilated and lighted. The average country schoolhouse is usually a one-room affair, with thin walls and thin floors, with cloakroom, washroom and schoolroom combined in one, with emanations from unwashed bodies and soiled clothing and collected gases tainting the atmosphere. No vestibule or anteroom is provided, and the single door, opening directly without, assists in making the heating of the country school a *question*. This is generally done by stoves, and in cold climates is as unsatisfactory a method as possibly can be imagined. The floors are always cold, and the children suffer cruelly from chilblains and colds. While the upper part of the room is too warm, the outer row of seats is in an icy atmosphere, and the whole room suffers from bad air. How many of us here recall the cold and cheerless mornings of our early school days, when the wood stove failed to draw, and smoked—and the frequent sorties of the scholars in search of better fuel to make it burn?

The floors in rural schools are covered with dust, as are also the walls and furnishings, and, while the floors are scrubbed once or oftener a year, were it not for the vacation interim doubtless a number of pupils would not escape serious illness thereby, though perhaps the country school's lack of cleanliness is less harmful on account of the presence of better air and more sunlight than in the cities; but the cold floors, poor ventilation and lighting and absence of all toilet conveniences make them extremely uncomfortable and often unsanitary. The improper ventilation and lighting of these schools frequently justly call for words of extreme criticism on the part of the hygienist. What provisions do we see made for the proper ventilation of the schoolrooms of the rural communities? To nature is entrusted this all-important function. Foul air must find its egress from the room *per via naturalis*, as also must fresh air gain ac-

cess in the same manner. To supply these defects in construction windows must frequently be raised or lowered and doors thrown open when the air becomes overcharged with accumulated gases or the room overheated, as frequently happens, thereby resulting in exposure of the scholars to cold drafts, with consequent detrimental effects on health. Also do we see many rural schools where the lighting is totally inadequate. Either the building is not properly oriented so as to receive the maximum amount of sunlight throughout the day, or the windows are improperly placed or insufficient in number and size, with the resultant detrimental effects on the eyes of the scholars, leading to eye strain, headaches and other discomforts and eventually impairing visual acuity.

The lack of systematic medical inspection of rural schools is also a matter of crying need. While this excellent method of eliminating the danger of transmitting contagious diseases from among school children in our cities and some of the larger towns is being extended and improved, as also the relief of faulty health conditions in the children themselves, which would interfere with their progress, physically and mentally, and frequently would eventually lead to serious disorders, the rural and urban schools are practically totally deprived of this valuable service. The recent wonderful awakening on the part of the State Boards of Health and the State Boards of Education and the Federal authorities in respect to this point in certain sections of our country cannot be praised too highly. The initiative in solving this particular phase of rural school needs seems, therefore, to have been taken, but time will be required for the development of public sentiment along this line among the rural people and for the passage and enforcement of State and local laws providing for this much-needed inspection.

The common drinking cup, the common towel, the badly constructed, placed and kept blackboard and the common tin washbasin all will be found still to fill a prominent part in the equipment of the rural schools in many communities, and two of these at least play well their part in the spread of disease among the school children.

Many other subjects which have an important bearing on the promotion of hygiene of the rural school, such as providing proper and sanitary playgrounds, proper toilet rooms, the proper care of schoolrooms, equipment with proper furniture, providing baths, lunchrooms, shortening of the long school hours, the color of the walls with respect to light, the prevention of certain games played by children with the view of preventing the spread of disease through osculation, and others, might well here be discussed, but time will not permit.

Having dwelt upon the insanitary and unhygienic condition of the rural schools, naturally the question is asked, What is the solution of this whole problem? The answer is education in public health matters and the adoption of a State-wide policy

of improved health and hygienic measures. The splendid health organizations in force in some States, cities and large towns only need extension and increased scope of action to include the rural districts in all their beneficial operations, while others need to have health departments organized and put on a proper footing of efficiency. Many of our rural public-school hygienic problems are difficult of solution, and will require the outlay of much time, talent and money. The latter is not always forthcoming from the State Legislatures, but with it in hand the other two can be obtained.

If the rural communities cannot properly support their schools, it would seem but proper to maintain that the State or Federal Government should do so. We know the States are limited to the amount of money they can raise by direct tax, while the Federal Government, by indirect taxation, can provide, without in any way embarrassing its efficiency; and the farmers, who hold the balance of power, should see that they are made and the funds thus released used for the betterment of the country schools.

As has been said, what is most needed to improve and promote the hygiene of the rural schools is the arousing of public interest in all matters pertaining to hygiene and health in these communities. This can be accomplished effectively in one way, and that is by education of the public, by lecture campaigns, talks, traveling exhibits, by State Boards of Health and Education, by the school teachers trained in detecting the contagious diseases in school children, and other interested organizations and individuals, and the district school nurse.

Under this head the Federal Government, working in conjunction with State health and education officials in establishing model schoolhouses, with model equipment, playgrounds and toilet rooms, etc., adapted to the needs of the several rural communities, these to be used as standard types of buildings for similar purposes in the future, would find a field of great usefulness and great public benefit, thereby making good the oft-quoted statement that the rural school is truly the foundation of the Republic, in that it aims to conserve the health of our school children, our greatest national resource, by improving the sanitary conditions surrounding the country school to a point where it will not form, as it forms today, the great disease-spreading center for rural and semi-rural communities.

By these methods it is believed modern schoolhouses, as well lighted and heated and as habitable and well-equipped as those in the cities, can be provided in the rural communities at no great increase in cost; and in this manner it is believed that all residents of such districts can be reached and interested and instructed, and be brought to realize that life can be conserved and prolonged by observing certain and not difficult hygienic rules for the schools, thus insuring increase of health and happiness, and in the end greater prosperity in any community.

THE SITTING POSTURE IN THE PUERPERIUM.

By William Sisson Gardner, M.D.

For many years I have been interested in the influence of the posture of the patient during the puerperium, at first as to the effect of the posture on infections, and later as to the results in the absence of infection. As early as 1885 I observed the great benefit derived from the sitting posture in certain forms of puerperal infection. At that time in the old Maternite, on Lombard street, we had many more cases of infection after labor than are seen in similar institutions at the present time. I very soon learned that what we call the sapremic form of puerperal fever was promptly benefited in nearly every case by taking the patient out of bed and placing her in a reclining chair.

From the observation of these patients I came to look upon the sitting posture as a prophylactic measure. I discouraged the too-long continuance of the prone position and encouraged the patients to sit up in bed a part of the time soon after labor. The nurse was instructed to allow patients to rise for the evacuation of the bowels and the bladder and to prop the shoulders high up on pillows for a part of each day. From this it was but a step to allow patients to sit up in chair for a few hours.

This is a matter of such great importance and is so diametrically opposed to our thoroughly-ground in ideas as to the proper management of the puerperium that I thought that a copious abstract from a paper by Mullerheim on this subject, with a few comments by myself, would serve to again attract attention to this subject.

Mullerheim in his paper upon the early getting up of lying-in women gives his own views and reviews the work that has been done in this line in some of the larger German clinics. He states that the old method of treating patients after labor by keeping them confined to bed for a long time and giving a very limited diet was at least of no advantage to women who were otherwise in good health. The lack of exercise reduced the capacity of the voluntary muscles and diminished the heart action, causing a sluggish circulation, which is prejudicial to all the organs of the body. Hegar recognized the defects of this system and ordered gymnastic exercises to be given so long as the patient is confined to bed. These exercises consist in raising the body from the bed to a sitting position, at first with the help of the hands and afterwards without them. He found that this physical exercise was beneficial even to those that had received definite injuries as the result of interference in difficult labors. When the muscles of the floor of the pelvis have been damaged Hegar advises the voluntary exercise of the pelvic muscles. In these cases he advises the voluntary exercise of the perineal muscles several times a day by producing

the same muscular contractions that take place in attempts to retard the stool. Brandt recommends the same exercises and also the changing of the position of these patients in bed, and states that the knee chest position has a very beneficial influence upon the injured muscles of the floor of the pelvis, especially the levator ani. Both Brandt and Hegar advise definite leg exercises, which they think have an effect upon the muscles of the floor of the pelvis. The limbs are exercised actively and passively and a light massage is used.

In the effort to better the lying-in period Kustner went a step farther in having the women get up a few days earlier after delivery than had been the custom. We know that women of the working class get up on the day after labor without suffering any immediate injury. We hear also of the getting up of many women among uncivilized people immediately after labor. For years it has been the custom after an operation on old people or those suffering from bronchitis to place them in a sitting position as soon as possible to avoid the danger of hypostatic pneumonia. Kustner may have had a similar idea when, 30 years ago, he made his first experiments with the early getting up of women after labor. He put this question to himself: Is a long lying-in period serviceable to healthy women? After his clinical examinations he came to the conclusion that the early leaving of the bed does no harm; that the patients do not have fever; that they do not have prolapse or retroflexion of the uterus; indeed, that the early getting up is not only not detrimental, but has its definite benefits. The involution of the uterus progresses more rapidly; defecation regulates itself easily and without the use of laxatives. In consequence the appetite improves more rapidly, urination is spontaneous and the use of the catheter is avoided. The overfilling of the bladder, which promotes prolapse of the vaginal wall, does not occur; but the greatest benefit from the early getting up is the early exercise of the muscles of the body and the support which the circulation and the heart action receive through it. Kustner, in his clinical experiments, made a careful selection of his patients and eliminated those who, during delivery, had received injuries to the vestibule, perineum, vagina and cervix. He also eliminated those that came into the hospital already infected and those who had an active gonorrhea; also those that had been delivered by instruments and those whose labors, while spontaneous, were prolonged. In general, his patients were allowed to get up on the third or fourth day, and some as early as the second day. At first they were allowed to get up for one hour only, but gradually the length of the time sitting up was increased, so that on the fifth, sixth and seventh day they were out of bed all the time. A T-bandage was then put on and they took charge of the child themselves. Under the condition that the labor and the lying-in period be under the control of the physician, he holds that the carrying out of these measures in private practice is practicable.

From Bumm's clinic in the Charite in Berlin it is stated by E.

Martin, Jr., that women, without regard to the number of previous births and ages, are allowed to get up from 15 to 24 hours after labor. The exceptions to this rule are only such women as have had prolonged labor, rise of temperature; have received lacerations; who have had operative interference, or those that have some pathological condition of the heart, lungs, kidneys or blood-vessels, and those infected with gonorrhea. The getting up consists in sitting quietly out of bed and not walking around. Before the patient is allowed to get out of bed a tight abdominal bandage is put on. The following day she is allowed to be out of bed two hours in the forenoon and two in the afternoon. Martin speaks enthusiastically of the rapid involution of the uterus, which, by the seventh day, is about the size of a small fist; is anteflexed; never retro-displaced. He also mentions the easy emptying of the bladder and bowels and the rapid general improvement. The influence on nursing is not stated. The quiet sitting up of the patient is looked upon as a light exercise which has a tendency to more rapidly build up the tissues than when the patient remains on her back without exercise. Martin advises that great care should be exercised; that only those women be allowed to get out of bed early who have no pathological condition present, and these must be kept under careful medical supervision.

Pfannenstiel broadened the indications for early rising. He includes such cases as have had the forceps applied or have had a version done; also severe postpartum hemorrhage was no contraindication. As contraindications he mentions septic and gonorrheal infections or suspended infections; severe instrumental cases, with severe injuries to the birth canal; prolonged labor, with much pressure and severe lacerations of the perineum. On the first day greater freedom of motion in bed is allowed than formerly. The patient was prepared for getting up by gymnastic exercises. From the first day of her lying-in, while lying on her back, the woman was instructed to draw in the abdominal wall as deeply as possible about ten times. She was to repeat this exercise four or five times a day. She followed this by bringing the body to the sitting posture in bed first with and afterwards without assistance. Afterwards, while in a reclining position, she was instructed to rotate the separated, outstretched legs as an exercise for the muscles of the floor of the pelvis. Out of bed the trunk is exercised by flexions and turning from side to side. These exercises should be taken carefully and without violence. When the woman first gets up she is allowed to sit in a comfortable chair for half an hour, after which she takes a few steps back to bed. On the following day she can, both in the morning and afternoon, sit up out of bed and walk a few times up and down the room, and on the fifth day she can remain up six hours. After the midday meal she remains quiet for two to three hours. When out of bed she wears a broad linen bandage. Of 100 patients 3 were allowed to get up on the first day, 61 on the second day, 19 on the third

day, and 18 on the fourth day. Of these 90 pursued the usual course. A few times the patients were obliged to return to bed on account of weakness, profuse lochia, pain in the region of the thighs, irregularity of pulse or giddiness. In the latter case it was on account of myocarditis. Ten of these patients who had arisen early had a rise of temperature, seven had a fetid lochia, and of these seven two had cystitis. Two patients had infections of the breasts, one angina, two fainting spells. Of the latter one was a very weak woman, who lost 1500 cm. of blood postpartum, and the other a girl who, during her pregnancy, fainted daily. He emphasizes the fact that the resistance to cold and infection are increased and that through the upright position the lochia is improved and the ascension of the lymph in the uterus is retarded. A good tone in the abdominal wall and the exact closure of the introitus is observed. The body of the uterus is drawn strongly forward and the cervix moves back between the sacro-uterine ligaments. In this way the vagina is made tense and stretched backward. The stretching of the vagina in connection with the plane in which the vagina is thrown prevents the descent of the uterus. The general condition of the patients improved rapidly. This was especially noticed in women who had had severe postpartum hemorrhages. After six or seven days one can scarcely recognize that the patient has been recently confined. Women who have had several children declare that after previous confinements they were not so well and did not recuperate so rapidly as they did when they were allowed to get out of bed early.

Kronig considers anemia, general weakness, heart disease, varicose veins, definite and threatened infections as especially strong indications for getting the patient out of bed as early as possible. In the Friburg clinic he has made the most extensive and courageous changes in the management of the lying-in period. This consists in getting the woman out of bed eight hours at the earliest postpartum. Through the administration of scopalamin and morphia he relieved the labor pains in about 80 per cent. almost completely. After this he found that the patients were so well that he met no objections when they were ordered to leave the bed eight or ten hours after labor. He considers that gymnastic exercises are important in the promotion of involution. These consist essentially in lifting the body repeatedly and in the exercise of the glutei and abductor group, which tend to stiffen the floor of the pelvis. After eight days he adds to this treatment hot and cold baths with massage. It is very easy to see the improvement in the general condition of these patients over what is was under the old regime. Still clearer is the influence upon the morbidity. The ones who get out of bed early less seldom have fever than did those who formerly stayed long in bed, and this improvement in the morbidity was obtained without any disinfection of the internal or external genitals. Thromboses and emboli have decreased among those who get up early and the ability to nurse has been

improved. The early rising from bed does not increase the tendency to retrodisplacements and prolapse of the vagina, as has been stated, but even has a tendency to prevent it. Up to the present time too much importance has been attached to the ability of the uterine ligaments to prevent prolapse. Since the investigation of Tandler and Halban it has been proved that the essential cause of prolapse is the insufficiency of the muscles of the floor of the pelvis. Methodical exercises will best counteract this weakness.

Mullerheim confesses that in the beginning he was doubtful about the value of these new methods of treatment, but under the influence of Martin he has changed many things in his methods of treating lying-in patients. In suitable cases he uses the gymnastic exercises and gets many of his patients out of bed earlier than formerly. He has also discovered a way by which the weaker patients to whom the getting out of bed is rather too strenuous can get something of the advantage of the sitting position. He accomplishes this by the use of a bed, the mattress of which is fixed at a point near the middle, but the upper half can be elevated in such a way as to put the patient in a sitting position without otherwise disturbing her. She is comfortable and not disturbed by moving. In opposition to the opinion of others, he holds fast to the idea that patients who are running a temperature must not be included among those who get up early, not only until the cause of the rise of temperature is determined, but also until the fever has entirely disappeared. He thinks that the value of the exercise in bed is not to be doubted, but it is not certain whether the exercise should be begun as early as the first or second day.

Stroganoff* bases his conclusions on the study of 8000 cases in his hospital at St. Petersburg. He has found that his patients do better when they get up on the third day, or sometimes, in the case of the primapara, on the fifth day. The upright position favors the discharge of the lochia, stimulates the action of the bowels and bladder and prevents fecal absorption. Gain in weight begins quicker on account of better appetite, and the involution of the uterus is hastened and backward displacement is prevented by the erect position.

It is very clear that the German clinicians have not come to any unanimous conclusion as to how early lying-in patients should leave the bed or what class of patients should be exceptions. It is clear that a great advance has been made and that in the future the lying-in period will not only be more comfortable, but attended with less danger. We may not be able to agree with Kronig that a patient can with benefit leave the bed eight or ten hours after labor, but we must admit that he has demonstrated that no particular harm results from it.

I confess that I cannot understand the position of Mullerheim and others who insist that patients running a temperature above

*Stroganoff: "Shorter Lying-In Period Recommended." *Monat. f. Geburt. und Gyn.*, Berlin, December, 1912.

normal should be kept in bed. Infections during the puerperal period, without going into details, can be divided roughly into two groups; those in which the infection has not extended as far as the peritoneum, and those in which the peritoneum is involved.

From my own experience and from that of many others it is known that drainage is the essential therapeutic measure in the first group; that the surest way to procure drainage is to take the patient out of bed and place her in a comfortable chair. For many years now I have regarded the sitting posture as the most important part in the treatment in these cases, and in the majority of instances is the only treatment used. It will be of no particular value to rehearse the histories of individual cases. Many physicians are timid about taking a patient out of bed who is running a high temperature. As a fact, the higher the temperature is the more erect the patient should sit and the longer time she should be kept up. In other words, when drainage is most demanded, improve the possibilities of drainage to the utmost.

In the second group of puerperal infections, or those in which the peritoneum is involved, a seemingly different problem is present, but the same principle holds good. In septic peritonitis, due to an infection from any source, the first step in the modern treatment is to put the patient in a sitting posture. The efficiency of the sitting position in the treatment of peritoneal infections originating above the brim of the pelvis has been on trial so long and has so many of our ablest observers to confirm its results that its value is no longer doubted. Now, if the sitting posture has been found beneficial in infections of the peritoneum originating above the brim of the pelvis, we would reasonably expect it to be even more efficient in the infections that begin within the pelvis. As a matter of fact, any form of puerperal infection is benefited by putting the patient in the upright position.

In those cases in which the peritoneum is involved there is much less tendency for the infection to spread to the general peritoneum. The localized infection, however severe, can, as a rule, be successfully dealt with, either by waiting for resolution or by drainage, according to the changes that take place as a result of the infection.

In those cases in which the peritoneum is not involved, drainage, the only remedy of value, is promoted.

The following conclusions are conservative:

I. The actual time of continuous confinement to bed after a normal labor can be materially shortened with distinct advantage to the patient.

II. The patient must be made to understand that the early getting up means sitting quietly in a comfortable chair and that she is not out of the charge of the physician.

III. Regular exercises that throw into use the muscles of the abdominal wall are of undoubted value.

IV. Retrodisplacement, prolapse of the uterus and cystocele do not result from early sitting up postpartum.

V. Patients suffering from puerperal infections in all forms are benefited by the upright position.

VI. Lacerations of the perineum and injuries to the lower segment of the uterus are not contraindications for early rising after labor.

6 W. Preston St.

THE WHITE SLAVE CONGRESS AND ITS LESSONS.*

By O. Edward Janney, M. D.

FIFTEEN years ago victims of the traffic in women became so numerous in Europe that a movement for its suppression was inaugurated at a congress held in London. Last June the Fifth International Congress was held, again in London, those intervening having been called to meet in cities on the Continent.

During the interval of fourteen years between the two congresses in London all of the countries of Europe, except Turkey, had organized associations for the suppression of the traffic. All of these associations had delegates at the recent Congress, as also the United States, Canada, Argentina, Australia, Brazil, Chile, Egypt, South Africa, China and Japan, numbering about 500.

The personnel of the congress was interesting, as each country seemed to send its best citizens, while the government of England was represented, and many of the ruling class of Great Britain took an active part.

This fact was important, in that it showed that the movement for the suppression of the traffic was considered important and extensive enough to justify such countenance. This was made still more emphatic through a personal message from the King and Queen, encouraging the congress in its work. Messages of similar import were received from royal personages in other countries, and President Wilson sent a cordial letter.

Every evening and two afternoons during its sessions the members of the congress were entertained by some of the most influential people in London, including the Duchess of Albany (aunt of the King), the Earl and Countess of Aberdeen, the Duchess of Marlborough and Lord Strathcona. The recognition of the value of the movement for the suppression of the traffic thus accorded by this class will have weight throughout the world.

The lessons derived from the congress were varied and important. In the first place, proofs of the presence and extent of a traffic in girls and women in all countries and between countries

*Abstract of address before the Roland Park Woman's Club, January 15, 1914.

were offered in abundance. It was made clear that while real slavery exists in many localities, with restraint of personal liberty, the most common form of slavery is that in which a man obtains control of one or more women and takes from them their earnings. Even the ordinary form of social vice constitutes a variety of slavery, since the victim is restrained from seeking some other way of living by the difficulty of obtaining decent and pleasant employment.

Another lesson, presented most forcibly by many speakers, was the iniquity and uselessness of the European system of regulation of social vice through police supervision. The necessary accompaniment of this system, a special police force to carry out the regulations (police des mocurs), has proved to easily become the ally and even the agent of the traffickers, thus encouraging the traffic in women. It has also been proved to be a source of oppression to the poor and friendless. The enforced medical examination of women, while useless as a means of preventing the spreading of venereal disease—as acknowledged by its advocates—is causing strenuous opposition on the part of many influential men and women and is losing friends even among the authorities. The example of Great Britain, which has no "regulation" and yet has less disease and better moral conditions than the Continental peoples, is exerting marked influence throughout Europe, which will inevitably soon adopt England's method of persistent repression of social vice. Personal study of the streets of London at night last summer made it clear that a remarkable improvement has occurred, even during the past few years, in the disappearance of soliciting and the absence of immoral women. It was reported to the Congress that Holland and Denmark had followed England's example in repudiating all forms of regulation. This is true also of Switzerland, with the exception of the city of Geneva.

At the congress many speakers referred to the important causes leading to the traffic in women. Among these are the double standard of morals, since on the Continent of Europe the virtue of men is believed in by very few; the lack of education on the part of parents, teachers and physicians as to sex matters and the dangers of social vice; the inadequate laws and the lack of enforcement of law; the long hours of work of women, together with insufficient wages; the desire on the part of many men and women to make money at any cost to others, and the feeble-mindedness of many girls and women who easily become victims and then take up the immoral life.

Some of the constructive work of the congress was to advise:

1. International legislation to prohibit employment in theaters, concerts, circuses and music halls of children under 16 years of age.

2. The appointment of an official commission by each government, consisting in part of women, to ascertain the extent of the traffic in women in that country, the causes leading thereto, and to

report thereon with recommendations as to the best means of suppression.

Also a commission to study the subject of emigration and the transportation of immigrants by means of steamships and railways.

3. The better control of employment agencies.

4. That more care be exercised over the use of the General Delivery windows in postoffices.

5. That the employment of women on the police force be encouraged.

6. That laws for the suppression of the traffic in women be strengthened and rigidly enforced.

The next congress will meet in St. Petersburg in 1916.

Book Reviews.

PRACTICAL SANITATION. By Fletcher Gardner, M.D., and James Persons Simonds, B.A., M.D., St. Louis. C. V. Mosby Co. Price $4 net. 1914.

For review see editorial.

MARRIAGE AND GENETICS. Laws of Human Breeding and Applied Eugenics. By Charles A. L. Reed, M.D., F.C.S., Fellow of the College of Surgeons of America; Member and Former President of the American Medical Association; Professor in the University of Cincinnati. Cincinnati: The Galton Press. 1913.

Eugenics, whatever our attitude toward the movement, have come to stay, so the profession might just as well begin now to take the doctrines seriously as later. Anyone who has been connected with the gynecological service of a large metropolitan hospital recognizes that our present standard of double morals works an injustice and hardship upon the female member of the human race. If it were only possible to collect all of the cases of females operated on for pelvic diseases due to diseased husbands, the profession would indeed be astounded. The right of bearing children is a God-given privilege which every woman has the right to expect to be conserved to her. It is a well-recognized fact that thousands of barren marriages are due to gonorrheal-infected tubes, of which the possessor is unaware, thinking her malady to be a punishment of married life. It is, therefore, right and proper that venereal infectious diseases should be as strictly supervised as any other infectious malady, as they strike at the root of society, aye, indeed the State. It is pleasant to know that some States have already passed laws to better protect the contracting parties in wedlock. As soon as the profession at large becomes interested—and the date is not in the far distant future—every State will enact laws for the protection of its citizens about to enter into the marriage state. When such a prominent man

in the profession as Dr. Charles A. L. Reed deems that the time has come for him to raise his voice in behalf of this movement, it is certainly time for the rest of us to drop into line. The aforementioned book clearly demonstrates in elegant English the new responsibilities that the people are imposing on the medical profession in connection with the eugenic movement. The chapter on "The Eugenic Medical Examination for Marriage" is the first authoritative utterance on the subject from one of Dr. Reed's standing in the profession. It is a book that every sober-minded physician should thoroughly familiarize himself with, so that he can give when requested intelligent advice upon the subject. We cannot refrain from including the preface in its entirety in the review, as thereby the reader will be, in the least possible time, fully acquainted with the purpose, aim and scope of the volume:

"This book is from the pen of a surgeon, one whose daily life is largely engaged in dealing, professionally, with conditions that affect the power of the human race to perpetuate itself.

"It was first conceived as a message from the operating-room, a danger signal or a series of danger signals from the hospital ward, a revelation from the council chamber—that great and sacred confessional of the medical profession.

"The motive prompting the effort was a desire in some measure to overcome the ignorance which, in too many instances, keeps innocent victims from protecting themselves and their offspring from disease and degeneracy. An incidental object was and is to avert many of those conditions that destroy the possible happiness of the married state and convert the bridal chamber into the anteroom of the divorce court.

"This broadened purpose made it necessary to consider the laws, the natural laws of human breeding inherent in the individual, as the very foundation of my thesis. We are constantly hearing of these laws, but their text is rarely, if ever, given, and their application is but rarely explained in terms comprehensible to the reader not versed in the technical phraseology of the biologic sciences.

"It has thus come about that I have tried to prepare a brief, comprehensive and comprehensible statement of the 10 functional laws of race perpetuation—the Decalogue of Human Breeding.

"To these laws and short explanations of their significance I have added a brief description of the two diseases, incidents of vice, that are today poisoning the race. Knowledge is the best preventive of disaster. When the innocent victims of marital duplicity shall know, as I here endeavor to teach them to know, the nature and significance of the maladies that have been inflicted upon them, they will know better how to protect their rights, physical, moral and legal, and to punish the authors of their misfortunes.

"The concluding section on 'Applied Eugenics' represents an endeavor to translate the abstract into the concrete, to convert

words into action. It is a brief summary, alphabetically arranged, of genetic factors, of conditions and forces that fall within the purview of the immutable laws underlying selective breeding in the human family. The knowledge embraced under this heading has long been known to the medical profession, from whose arcana of science it is here given forth for the guidance of the people.

"I have endeavored to discuss these questions with all delicacy compatible with a statement of the truth as I have been forced to see it. The use of phrases to obscure meaning would be not only immodest, but destructive of the exhalted purpose for which the book is written, and is, therefore, not attempted.

"The topics are of vital importance to every prospective husband or wife and to their unborn children. No parent can fully discharge his or her duty without taking full cognizance of the truths that are here set forth. I therefore offer no apology for sending out a message, a proper consideration of which will, I am convinced, inure to the welfare of the people now living and of coming generations."

The urgent necessity of laws enacted to control or prevent marriage in those physically or morally unfit is forcibly brought to the attention of the reader by the inclusion in the text of a complete history of the "Jukes" family, and as a contrast that of the Tuttle. As these examples so lucidly drive the point home, they will be given in full:

"The first illustration is found in the contrasting histories of two families whose records are made to do duty in practically every work on eugenics written from the American standpoint—records, however, which have been and can still farther be paralleled by instances of similar significance.

"In the early half of the eighteenth century a hard drinker, living among forest-clad hills of Northern New York, became the original progenitor of a notorious family known to history under the fictitious name of 'Jukes.' By the end of the nineteenth century, the known descendants of this man numbered 1200 persons. Of these, over 300 received pauper support, equivalent to 2300 years of pauper support to one person; 140 were criminal offenders, and there were 250 arrests and trials; 60 were habitual thieves; 7 were murderers; 50 were prostitutes; 40 of the women were known to have had syphilis and estimated to have syphilized over 400 men, 40 of whom, in turn, syphilized their own wives; the progeny thus tainted is unknown; 30 were prosecuted for bastardy. Of a total of only 20 who acquired useful trades, 10 learned them in State's prison where terms aggregating 140 years for one person had been passed. The aggregate cost of this family to the State was known to have been $1,308,000. What the roll of crime and aggregate of cost would be after the 43 years since Dugdale's investigation staggers the imagination, *for be it remembered, these diverse streams of contaminated germ-plasm are today flowing on through the generations without let or hindrance*

from society or the State. It is small wonder that Dugdale concluded his classic investigation with the observation: 'It is getting time to ask, do our courts, our laws, our almshouses and our jails deal with the question presented?'

"In the contrasting case we have distinctly to deal with the progeny of a woman—Elizabeth Tuttle, a woman with the stamp of physical and mental superiority—who, in 1667, married a Connecticut lawyer by the name of Richard Edwards. Among her descendants there have been more than 300 college graduates, 14 college presidents, more than 100 college professors, 30 judges, 60 physicians, over 100 clergymen, missionaries and theological professors; 65 authors of 135 books, numerous editors, and a large number of leaders of indutries. This progeny is accredited to Elizabeth Tuttle, because her husband, Richard Edwards, married as a second wife Mary Talcott, 'a mediocre woman, average in talent and character, and ordinary in appearance,' by whom he had five sons and a daughter. It is recorded that 'none of Mary Talcott's progeny rose above mediocrity, and their descendents gained no abiding reputation.'

"*The personal problem presented by eugenics is for each person to see to it that, by due regard to the laws of human breeding, his or her progeny shall belong to the 'Elizabeth Tuttle' stamp rather than to the 'Jukes' stamp.*"

In considering the causes of race suicide, he says:

"While the public sentiment scathingly portrayed by Mr. Lecky has changed, the change has only come because the hypocritical policy of ignorance and pretension has produced a condition that has become intolerable to every person actuated by the combined influences of intelligence and human sympathy. The writer of these pages has professional knowledge of over 5000 women who have been sterilized by gonorrhea, nearly 2000 of whom have had to submit to dangerous and mutilating operations to save their lives. He has direct knowledge also of many hundred men, and inferential knowledge of many other hundreds who have been sterilized by the same disease. He is only one surgeon, one operator, of whom there are several thousand in the medical profession of the United States, numbering nearly 150,000 members, in a nation of over 92,000,000 people. Syphilis, the great hereditary disease of the race, is even farther reaching in its degenerative influence upon humanity.

"Fortunately, the state of public sentiment of which Mr. Lecky wrote in 1874 has given way to saner views in the second decade of the twentieth century. In Great Britain and in America medical, social and civic organizations, some of them created for the purpose, are educating the people on questions of sex hygiene and race culture. Great magazines and the daily press are lending aid to the propaganda. The pulpit is using its mighty leverage for the uplift. Professional men and women are laying aside their daily occupations long enough to go before large and inter-

ested audiences with the tale of pain and unhappiness, of disease and death wrought by the two diseases that, even in spite of the repressive influence of agitation, are yet insidiously, but all too surely, extending their ravages throughout the race."

In discussing the practical side of eugenics, the author states:

"The application of eugenic principles must always primarily be to (a) the fitness or unfitness of the individual to marry anybody, and to (b) the fitness or unfitness of a given two persons to marry each other. Many of the facts involving the application of these principles are so apparent that they can be detected and appreciated by any person of ordinary intelligence. Thus, no person would require, or at least should require, advice against marrying a confirmed epileptic, a cretin, a feeble-minded person or one afflicted with insanity, the marriage of which is, indeed, generally prohibited by law. Nor would anybody wittingly marry the victim of communicable gonorrhea or syphilis, the existence of which may, however, be either designedly or undesignedly concealed.

"It is precisely to guard against such conditions as those last mentioned and to guard against such other agenic states as certain sexual and bodily malformations and against the transmission of certain character units and diseases, at once obscure and undesirable, that the advice of a careful and competent physician, one thoroughly imbued with a sense of the responsibility thus incurred, and with the technical training to meet such responsibility, should be sought and followed by those contemplating marriage.

"It is not intended here to discuss the technical details of the eugenic examination. Such details belong to the professional training of the physician, to whom alone their application should be entrusted. It is, however, here intended so far to indicate the character and scope of the examination that those who seek its protecting influence may know when they have and when they have not received attention upon which they may, with confidence, repose their future happines and welfare.

"It should be understood, in the first place, that the necessity for the eugenic examination may apply with just as much force to one sex as to the other. It should be understood, furthermore, that the value of the eugenic examination must necessarily depend upon not only the truthfulness, but upon the fullness and frankness of answers to the necessary interrogatories. Every fact, whether pleasant or unpleasant, should be laid openly before the consultant."

Every intelligent man and woman should read and thoroughly digest its contents. There is no doubt about it being a radical advance, perhaps even ahead of the times. Heretofore the question of sex and sexual life have been inadvisably tabooed as something immodest and not to be thought of. Everyone grants marriage is primarily for the propagation of the race, and everyone entering into wedlock knows that this can only be accomplished in a definite way. If marriage is not immodest, then

surely a complete physical examination of the contracting parties beforehand is not, especially as future happiness is at stake.

A knowledge of the contents of this book by every man and woman would go a long way toward solving the marriage question, as one would be careful with whom he or she mated.

The Treatment of Rheumatic Infections. Parke, Davis & Co. 1913.

This book of some one hundred pages is devoted to the theory of the phylacogens as propounded by Dr. Shafer, together with reports of cases treated with phylacogens. The principle upon which the use of the phylacogens is founded is the theory of multiple infections. The book states that the principle is supported by an extraordinary practical experience, supplemented by exhaustive and long-continued laboratory and clinical experimental work by Dr. Shafer. Three facts are set forth by Dr. Shafer as the basis of this therapy. First: Practically all acute and many of the chronic diseases are caused by the metabolic products of pathogenic bacteria. Second: The human subject is the host of microorganisms that are pathologically latent, but capable of setting up a disease process under certain conditions. Third: The growth of infecting organisms can be arrested and their effects neutralized by products derived from their development in artificial culture media. In brief, most, if not all, infections are mixed. If one reads the proof adduced one cannot help but tacitly admit Dr. Shafer has struck upon a principle of value. Moreover, the reputation of the manufacturing house is so well and favorably known that one is compelled to give due weight to statements regarding a product of their firm. They may be wrong in their claims. If so, it is through unintentional ignorance, not greed for money. Therefore before condemning the phylacogens read what the firm has to say concerning them. The arguments adduced in favor of the remedy are strong, besides the results obtained in a large series of cases seem to confirm their most enthusiastic claims.

Case Histories in Pediatrics. A Collection of Histories of Actual Patients Selected to Illustrate the Diagnosis, Prognosis and Treatment of the Diseases of Infancy and Childhood, With an Introductory Section on the Normal Development and Physical Examination of Infants and Children. By John Lovett Morse, A.M., M.D., Associate Professor of Pediatrics, Harvard Medical School; Associate Visiting Physician at the Infants' Hospital and at the Children's Hospital, Boston. Second Edition. Boston: W. M. Leonard Company. 1913.

Morse's Case Histories in Pediatrics needs no introduction. It, together with its congeners in other branches of medicine, have well proven their merit in activating the student's mind in diag-

nosis, prognosis and treatment of disease. Without the least hesitation we state that the present edition by this writer will be found more serviceable than its predecessor, which by no means was small; because it is more thorough in covering the field, the number of case histories being more than doubled. The addition of an introductory section on the normal development and physical examination of children and infants should tend to greatly simplify the ability of the student to grasp and analyze the cases under discussion. We are glad to announce to the users of this book that in all instances in which a positive diagnosis is given the conclusions have been proven absolutely correct. As a means of cultivating the thinking apparatus of students and quickening their ability to arrive at conclusions, there is no better mental exercise than presenting a case in abstract and allowing the pupil to present his impressions as regards the diagnosis and outline his treatment. The treatment set forth in the book was that actually employed. As an example of book making, Morse's is a perfect example of its kind, and should enjoy a greater popularity than ever.

Principles of Surgery. By W. A. Bryan, M.D., Professor of Surgery and Clinical Surgery at Vanderbilt University, Nashville, Tennessee. Original Illustrations. Philadelphia and London: W. B. Saunders Company. Baltimore: The Medical Standard Book Company. 1913.

Certainly the underlying facts—those upon which the practice of surgery are based, if practiced with the greatest amount of intelligence—are set forth by the writer of the above in as simple and logical a way as possible. Surgical bacteriology, surgical pathology, the progress of surgical diseases, their present, past and future, surgical etiology and diagnosis and to a small extent treatment. It is well written in a simple diction which should make it available to student and general practitioner. It will be found an excellent introductory to the later course in surgical practice. As the medical man is generally the first to be consulted by patients with surgical affections, he will derive much benefit by acquainting himself with the material of this book, which presents the subject not only in an attractive manner, but with painstaking accuracy.

An Introduction to the History of Medicine. With Medical Chronology, Bibliographic Data and Test Questions. By Fielding H. Garrison, A.B., M.D., Principal Assistant Librarian, Surgeon-General's Office, Washington, D. C. Illustrated. Philadelphia and London: W. B. Saunders Company. Baltimore: The Medical Standard Book Company. Cloth, $1. 1914.

Starting with the earliest stages of medicine, the author carefully and entertainingly brings the reader down to the most mod-

ern period. Interwoven with the account of medicine is a series of bibliographical sketches of medical worthies of bygone times. It is well that the present contribution be issued to the profession, as the medical profession is a worthy and honorable calling with but little prospect of remuneration other than a bare existence to most of its followers. But the past is full of extraordinary examples of the greatest amount of perseverance and self-abnegation in order to worm out of nature her secrets. Here one finds faithfully and clearly recorded the trials, tribulations and successes of our predecessors of the Egyptian, Grecian, Byzantine, Mohammedan, Medieval and later periods of medical development. Every well-rounded physician should inform himself concerning his profession, and we know no better book in which to obtain the essential additions to medicine than the one before us.

A Compend of the Diseases of the Skin. By Jay F. Schamberg, Professor of Diseases of the Skin, Philadelphia Polyclinic and College for Graduates in Medcine; Fellow of the College of Physicians of Philadelphia; Member of the American Dermatological Association. Fifth Edition, Revised and Enlarged. 112 Illustrations. Philadelphia: P. Blakiston's Son & Co. Cloth, $1.25 net. 1913.

The above volume is misnamed, being rather a small text-book than a quiz compend. Its contents are reliable and sufficiently full if used in the proper way, namely, as an adjuvant to lectures or larger text-books. It will be found especially useful in preparing for examination or a hasty review of the subject. That it has met a need formerly is attested by the exhaustion of four volumes. As the present volume is fuller than any of its predecessors, and absolutely up to the minute, it should prove every whit as popular as they.

Hospital of the Protestant Episcopal Church in Philadelphia. Medical and Surgical Reports of the Episcopal Hospital. Volume I. Philadelphia: William J. Dorman, 1913.

In brief, Volume I, Episcopal Hospital Reports, contains an account of the work of the staff as based upon the material furnished by the institution. At the outset permit us to congratulate those interested in publishing the volume upon its neatness of appearance and the amount of good material it contains. It is well illustrated and excellently portrays the caliber of the work being done. Dr. Charles Harrison Frazier contributes an article from the surgical clinic entitled "Review of One Hundred and Fifty Consecutive Operations." Of the 150 almost 100 were for abdominal conditions. In the series there were only four deaths, a percentage of 2.5. There were 30 operations for appendicitis or its complications, 22 for hernia, 8 for lesions of the stomach or

duodenum, 18 operations on the pelvic organs with four hysterectomies, 4 on the biliary passages, 14 upon the urinary organs and three thyroidectomies. Of the four fatal cases, one was due to tubercular meningitis, the second a strangulated umbilical hernia. Considering the variety of the affections treated, the above record is certainly more than good.

In an article on the "Antitoxin Treatment of Tetanus," Ellis E. W. Given strongly urges the practice of administering a prophylactic dose of tetanus antitoxin to all patients having wounds contaminated with street dirt, garden earth, etc. In these cases he always follows this practice. It is good advice, and the reviewer strongly urges the practice. One of the most instructive articles is that on "The Clinical Significance of High Blood Pressure, With Remarks on Its Management," by George Morris Piersol. He says for the most part hypertension falls into one of three classes: (1) Chronic nephritis, especially the chronic interstitial type; (2) arteriosclerosis, and (3) a group of cases in which neither of these conditions is present to account for the elevation. When speaking of treatment he says: "When high arterial tension was first recognized there was a disposition to combat the symptom with combative measures, but happily this tendency has yielded to a more rational conception of the process, and clinicians everywhere are learning to follow the teachings of Krehl and others, and are coming to regard high blood pressure as a conservative process." He further states the treatment falls under two heads: (1) Prophylaxis, and (2) its management when once developed. In arteriosclerosis and nephritis, the chief causes of hypertension, it is more than ever true an ounce of prevention is worth a pound of cure. He advises in middle life the frequent taking of both the diastolic and systolic blood pressures, and if there is detected a tendency to elevation, the prohibition of overexertion, great mental strain and worries. The patient should be ordered to take a proper amount of rest and recreation. All sources of chronic infection as sinusitis, pyorrhea alveolaris, etc., should be removed. Proper elimination should be insured and the bowels should be kept freely moved. Alcohol, coffee and all irritating food or drink should be strictly interdicted. The intake of nitrogenous food should be reduced. In well-developed cases he employs with due precaution the nitrites, nitroglycerine, digitalis, iodides, etc., but adds the caution, all things considered, it must be admitted in well-developed hypertension, be it of vascular or renal origin, efforts to lower it are of but little avail. On the other hand, there is but little doubt that the general hygienic treatment of these patients, relieving them from physical exertion and mental anxiety, regulating their digestion and promoting their elimination, is a most important factor in adding to their comfort and prolonging their lives.

Maryland Medical Journal

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BALTIMORE, APRIL, 1914

PRACTICAL SANITATION.

Undoubtedly the health of a nation to a very large extent depends on a proper safeguarding of the living conditions under which the population lives. It has taken this idea a long time to permeate through the minds of the profession, the public servants, and last but not least the public itself. Prevention is worth a great deal more than cure, and it is with this aspect of medicine that the sanitation expert deals. Sanitary medicine concerns itself with the cognate subjects, infections processes, the management of epidemics, isolation and quarantine, isolation hospitals and camps, disinfection, the handling of infectious diseases, the organization of the sanitary service, the birth record, disposal of garbage, school inspection, factories and workshops, institutions and prisons, milk, water nuisances, registration of deaths, as well as many other questions. There is no doubt but that the greatest advances in medicine in the future are to be along sanitary lines. One has only to look at the results accomplished by the Japs in their war with Russia to fully appreciate the important part that sanitary medicine played in maintaining the health and efficiency of the Japanese Army. The remarkable results accomplished by Colonel Gorgas in making the Panama Canal possible is another tribute to sanitary medicine. Everybody is aware of the dismal failure of the attempt of the French to wed the Atlantic to the Pacific Ocean. The American people should glory in the part played by Americans in advancing sanitary, which means preventive, medicine. Carroll, Reed, Lazear, typical Americans one and all, blazed the way, Gorgas finished the job. A region supposedly uninhabitable to the white race was transformed into a

veritable health resort. These remarks have been called forth by the appearance of a book, unique in character, by Fletcher Gardner and James Parsons Simonds, entitled "Practical Sanitation." The subject is of such importance that it was determined to focus special attention upon it by placing the review in our editorial space. As far as we are aware, this is the first effort to treat the subject in such a comprehensive style. One is always and ever impressed with the carefulness with which the authors enter into the treatment of the subject. No minutiae is too small to be left unexplained. The chapter on quarantine is particularly illuminating. One is also impressed with the earnestness with which the author endeavors to impress the urgency of proper school inspection, as well as the necessity for the extermination of rats, flies, mosquitoes, bedbugs, fleas and other vermin that carry disease. Certainly a book of this character should wield an important influence in creating a healthy interest in sanitary medicine, as it covers the subject from beginning to end. It tells briefly but thoroughly what has been accomplished by sanitary effort and what might be expected by a better understanding of the subject. Undoubtedly such a book should be of immense value to the sanitary expert, the ordinary doctor and the student. Besides, it is written in such a simple style that it is available to the lay mind also. Surely public and personal health are sufficiently prominent in the public mind today to welcome the contribution of a single-volume moderate-price book upon the subject, as anyone now, without the loss of much valuable time, can find out the status of any subject relating to sanitation. Besides, it makes available to everyone the latest and the best thought upon the subject with which it treats. It is plain that the future belongs to the nation which has the greatest proporion of healthy, strong citizens, hence the national and State governments are deeply interested in preserving and improving the public health. Therefore, any agency which tends to propagate and spread the doctrine of efficiency is dependent not only upon personal but upon public health, which can only be attained through proper inspection of the water, sewage and other sanitary conveniences, and is worthy of the greatest consideration by the profession. Such an agent is the above-mentioned book, which treats of public and personal hygiene. Its teachings are true and thoroughly reliable, and it may be confidently stated that if its directions and lessons are heeded, the efficiency, wealth and happiness of the Commonwealth will be greatly augmented.

Medical Items.

The engagement is announced of Dr. De Witt Bellinger Casler, Johns Hopkins Medical School, '04, of 10 West Chase street, to Miss Carolyn Brooks Johnston of this city. The wedding will take place in the spring.

The Department of Oto-Laryngology of the Presbyterian Eye and Ear Hospital has a vacancy for a conscientious assistant. Communicate with Dr. Leo J. Goldbach, 322 North Charles street, Baltimore, Md.

The Governor has appointed Dr. Henry Barton Jacobs of Baltimore and Dr. Guy Steele of Cambridge members of the board of managers of the State Sanatorium at Sabillasville.

Dr. George W. Dobbin, who has been confined to his home on account of a severe sprained knee, is very much improved.

The Fourth Annual Health Conference of the Medical and Chirurgical Faculty of Maryland was held in Osler Hall, March 9-14, 1914.

Dr. Hugh H. Young, president of the State Lunacy Commission, and Dr. Arthur P. Herring, secretary, both of Baltimore, represented Maryland in the delegation that appeared before the United States Senate Committee, which has the immigration bill in charge. One of the principal things that the Maryland delegation asked for was the appointment at this port of an alienist. They stated that at the present time 10 per cent. of the insane patients cared for by the State of Maryland are aliens, and the greater proportion of these incompetents would not have been a burden on the State if there had been adequate examination of their mental capacity before being allowed to enter this country. When the new immigration station is completed there will be a great increase in the number of foreigners entering through this port, and the number of insane on the State's hands will increase unless something is done.

Surgeon Lunsford D. Fricks, U. S. P. H. S., spoke before the Franklin Square Medical Society on "The Rocky Mountain Spotted Fever."

Health Commissioner Nathan R. Gorter has made the following appointments to Sydenham Hospital for Contagious Diseases: Superintendent, Dr. John F. Hogan, Baltimore, to succeed Dr. T. S. Nicholson; assistant superintendent, Dr. Walter W. Point, Jr., and State laboratory assistant, Dr. Claude Van Bibber.

Dr. Clement A. Penrose read a paper, entitled "Efficiency and the Quality of Life," before the March meeting of the Baltimore County Medical Association, which was held at the Medical and Chirurgical Faculty Building, 1211 Cathedral street, March 18, 1914.

The foundation of the new South Baltimore Eye, Ear, Nose and Throat Hospital was started recently. The laying of the cornerstone will not take place until William Grecht, who donated $10,000 toward the building fund, arrives home from Europe early in May.

Dr. Charles W. Mitchell delivered an address on "Infant Feeding," and Dr. Frank Martin gave an illustrated lecture on "Bone Planting" before the Washington County Medical Society, which met at Hagerstown, March fifth.

The final plans for the new addition to the Hospital for Women of Maryland were decided upon and the builder selected by the board of directors and the advisory board at their recent meeting. The contract for the building was awarded to Edward Brady & Sons. The cost will be $110,000. The directors recently pledged themselves to raise $17,000 of this by July 1.

Construction will begin immediately, and the new wards are to be ready for occupation by October 1. The building it to be four stories high, 78x150 feet, and will conform architecturally to the present building. Joseph Evans Sperry was the architect for both.

Dr. Martin F. Sloan, superintendent of the Endowood Sanatorium, has returned to Towson after three months' leave of absence, which he spent at the U. S. P. H. S. Sanatorium, Fort Stanton, N. Mex. He was in charge of a department there for three months to administer a special form of treatment.

Dr. Ira J. McCurdy, for four years a surgeon in the Maryland National Guard, has resigned. He had attained the rank of captain.

Dr. Howard A. Kelly has returned to his home on Eutaw Place from a six weeks' trip to Europe. The object of Dr. Kelly's trip abroad was to place his son in a school near Winchester, England.

Dr. and Mrs. Henry Barton Jacobs have closed their town residence, 11 W. Mount Vernon Place, and recently sailed for Europe, where they usually spend the spring months.

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Upon their return to this country they will occupy their cottage at Newport, returning to Baltimore in the fall.

Dr. Thomas W. Koon, Physicians and Surgeons, '93, of Cumberland, Md., has been elected Mayor of Cumberland.

Dr. Thomas R. Brown, Johns Hopkins Medical School, '97, and Mrs. Brown, who have been occupying during the winter months their town residence, 19 W. Biddle street, will reopen their cottage at Ruxton, Md., in April.

Dr. Gordon Wilson, 1318 N. Charles street, had his automobile stolen recently. The theft occurred while Dr. Wilson was eating his dinner. It was later recovered.

At a recent meeting of former patients of Mercy Hospital, an organization was formed to be known as the Ex-Patients' Association of Mercy Hospital. Temporary officers were elected as follows: Dr. E. P. Smith of Mercy Hospital, president; Mr. Frank E. Schraeder, 309 Guilford avenue, vice-president, and Mrs. Robert Ellis, 1718 N. Calvert street, secretary.

The honor system was recently instituted at the Johns Hopkins University. It resembles in many respects the systems in practice at Princeton, Washington and Lee and other colleges, the only difference being that it is not compulsory.

BIRTHS.

To William T. Chipman, M.D., University of Maryland Medical School, '12, and Mrs. Chipman of Felton, Del., February 24, 1914, a son—Harrison Berlin Chipman.

To Judson E. Hair, M.D., University of Maryland Medical School, '12, and Mrs. Hair of Greenville, S. C., February 18, 1914, a daughter—Martha Ivy Hair.

To Dr. Jacob Wheeler Bird, University of Maryland Medical School, '07, and Mrs. Bird of Sandy Spring, Md., March 9, 1914, a son—Jacob Wheeler Bird, Jr.

DEATHS.

Charles S. Rannells, M.D., Washington University, Baltimore, '76, a member of the Kansas Medical Society, and for thirty-six years a practitioner of Allen county, died at his home in Savonburg, February 26, 1914.

Charles Irwin Hill, M.D., Baltimore Medical College, '99, of Baltimore, Md., died at his home in Baltimore, February 24, 1914, aged 35 years. Dr. Hill was for several years a member of his Alma Mater; from 1900 to 1904 assistant surgeon, National Guard of Maryland, with the rank of captain, assigned to the Fourth Infantry, and formerly assistant physician and pathologist at the Springfield State Hospital and Mount Hope Retreat.

Matthew James McKinnon, M.D., University of Maryland, '53, of York, Pa., died at his home in York, February 23, 1914, aged 82 years. During the Civil War Dr. McKinnon was a surgeon in the Forty-third Pennsylvania Volunteer Infantry.

Anselm Dimmic Hatch, M.D., College of Physicians and Surgeons, '82, died at his home in Plymouth, Ill., February 5, 1914, aged 50 years.

Whitefield Otis Dunham, M.D., University of Maryland, '91, founder and surgeon of the Dunham Hospital, Sioux Falls, S. D., died at his home in that city, February 18, 1914, from typhoid fever, aged 53 years.

John Allston Dent, M.D., Maryland Medical College, '04, of Baltimore, Md., died in the Maryland General Hospital in that city, February 1, 1914, aged 52 years.

Dennis Lawrence Glynn, M.D., Baltimore Medical College, '02, of Portland, Conn., a fellow of the American Medical Association, died at St. Francis' Hospital, Hartford, Conn., January 30, 1914, about six weeks after an operation for appendicitis, aged 38 years.

John Roth, M.D., Baltimore University, '94, for twenty-three years a member of the police force of Baltimore, died at his home in Baltimore, January 30, 1914, aged 62 years.

Henry Tucker Harrison, M.D., University of Maryland, '74, of Club Hill, Harford road, Maryland, died at his home March 4, 1914, aged 70 years.

J. Lowrie Ingle, M.D., New York Medical College, '71, of 1007 W. Lanvale street, Baltimore, died at his home March 20, 1914, from angina pectoris, aged 67 years. Dr. Ingle was formerly in charge of Sydenham Hospital.

John W. Getzendanner, M.D., University of Maryland Medical School, '70, of Myersville, Md., died at the home of his daughter, near Middletown, March 11, 1914.

James B. Merritt, M.D., of Easton, Md., died at the Church Home and Infirmary from cancer of the stomach March 8, 1914, aged 55 years.

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COLLEGE OF SURGEONS.

An American College of Surgeons was organized at a meeting in Washington on Monday evening, May 5, 1913. Four hundred and fifty prominent surgeons of the continent of North America came together at the invitation of an Organization Committee, which was appointed by the Clinical Congress of Surgeons of North America at its meeting in November, 1912. This committee consisted of Edward Martin, of Philadelphia; Emmet Rixford, of San Francisco; John B. Murphy, of Chicago; Rudolph Matas, of New Orleans; Albert J. Ochsner, of Chicago; Charles H. Mayo, of Rochester, Minn.; Frederic J. Cotton, of Boston; George Emerson Brewer, of New York City; J. M. T. Finney, of Baltimore; W. W. Chipman, of Montreal; George W. Crile, of Cleveland, and Franklin H. Martin, of Chicago.

The invitations, which resulted in this large gathering of surgeons in Washington, were extended by the Organization Committee after a carefully prepared campaign in which each large university city on the continent was visited by a member of the committee, who met, in person, a group of selected men brought together by a committee of three in each locality, which committee had been authorized by the Organization Committee to extend an invitation to the surgeons in their locality to meet the representative of the Organization Committee. These five hundren men who were invited to the meeting in Washington, four hundred and fifty of whom responded, represented all branches of surgery and surgical specialties. The surgeons responding to the invitation were designated the Founders of the College.

FOUNDERS' MEETING.

At this meeting in Washington, called for the purpose of effecting an organization, the Committee on Organization presented a definite tentative plan, which plan included a call of the meeting, the presentation of by-laws, the presentation of resolutions, a plan for the completion of the organization by the election of governing bodies and executive officers.

CALL OF THE MEETING.

The men were called together by Edward Martin, Chairman of the Organization Committee, who called for the reading of the call of the meeting.

The call of the meeting was read by Franklin H. Martin, secretary of the committee. This call, which is herein quoted in part, summarizes the work for which the committee was authorized:

"First—It should formulate a minimum standard of requirement which should be possessed by any authorized graduate in medicine who is allowed to perform independently surgical operations in general surgery or any of its specialties.

"Second—It should consider the desirability of listing the names of those men who desire to practice surgery and who come under the authorized requirements.

"Third—It should seek the means of legalizing under national, colonial, State or provincial laws a distinct degree supplementing

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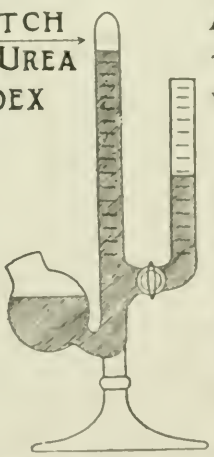

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the medical degree, which shall be conferred upon physicians possessing the requirements recognized by this law as necessary to be possessed by operating surgeons.

"Fourth—It should seek co-operation with the medical schools of the continent which have the right to confer the degree of M.D., under the present recognized standards, and urge these colleges to confer a supplementary degree on each of its graduates who have, in addition to their medical course, fulfilled the necessary apprenticeship in surgical hospitals, operative laboratories and actual operative surgery.

"Fifth—It should authorize and popularize the use of this title by men upon whom it is conferred, and its use should especially be urged in all directories of physicians in order that the laity as well as medical men can distinguish between the men who have been authorized to practice surgery and those who have not."

"The net result of the committee's efforts is that five hundred surgeons of all specialties, representing every large center of population, every important university city with a teaching faculty of medicine, every special and general society representing a specialty of surgery, all the important surgical clinics and hospitals, besides many independent surgeons from all portions of the North American continent, have consented to become founders of the organization under contemplation, and of this five hundred fully four hundred and fifty are here at this hour ready to fulfill their obligation."

The Founders' Organization was then completed by the election of Edward Martin as chairman and Franklin H. Martin as secretary and the authorization of an order of business.

BY-LAWS.

The interest in the by-laws centered in: 1. The name. 2. The object. 3. The forming of the organization. 4. Its administrative plans. 5. The meaning of the fellowships. 6. Fees. 7. Directory. 8. Expulsion. 9. Standing committees.

I. NAME.—The name of the corporation is the College of Surgeons.

II. OBJECT.—The object of the College shall be to elevate the standard of surgery, to provide a method of granting fellowships in the organization and to formulate a plan which will indicate to the public and the profession that the surgeon possessing such a fellowship is especially qualified to practice surgery as a specialty.

III. ORGANIZATION.—The corporation is to be known as the College. The College shall consist of all members of the corporation, to be known as Fellows, and shall vest the general management of the corporation in a Board of Governors, and the Board of Governors shall in turn vest the details of the management in a board of trustees, to be known as the Board of Regents.

IV. ADMINISTRATIVE PLANS.—1. The Board of Governors shall consist of the five hundred surgeons invited by the Organization Committee to serve as founders of the College and who have signified their willingness to act in that capacity. The individuals of the first Board of Governors shall also be known as the founders of the College of Surgeons.

This original Board of Governors shall be divided into three classes to serve one, two and three years. At the annual meeting

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in 1914, and at each succeeding annual meeting, the Fellows of the College shall elect fifty surgeons to membership in the Board of Governors, each for a term of three years. Thirty of these are to be elected from a list of nominations consisting of two members each nominated by the following surgical societies and associations of North America:

American Surgical Association, Section on Surgery of the American Medical Association, Section on Obstetrics, Gynecology and Abdominal Surgery of the American Medical Association; General Surgical Division of the Clinical Congress of Surgeons of North America, Division of Surgical Specialties of the Clinical Congress of Surgeons of North America, American Gynecological Society, Southern Surgical and Gynecological Association, Western Surgical Association, Section on Surgery of the Canadian Medical Association, American Association of Obstetricians and Gynecologists, American Orthopedic Association, American Association of Genito Urinary Surgeons, American Laryngological Society, American Ophthalmological Society, American Otological Society.

Twenty members shall be elected at large to represent surgeons of North America not affiliated with the above societies or associations.

The Board of Regents shall consist of twelve surgeons, members of the Board of Governors, elected by the Governors, these to be divided into three classes, whose terms of service shall expire in one, two and three years. Their successors shall be elected each for a term of three years. Not more than three of each class of four shall be elected from one country. The Board of Regents is increased to fifteen in number by three officers of the corporation, the president, treasurer and general secretary. The two vice-presidents are ex-officio members of the Board. The Board of Regents is the administrative body of the corporation, corresponding to a board of trustees in other corporations.

V. Fellowships.—The Fellows of the College shall be graduates in medicine who are legalized to practice medicine in their States and provinces, who have made an application for fellowship, such application to be endorsed by three Fellows of the College, one of whom shall be a member of the Board of Governors, and who meets the qualification requirements that shall, from time to time, be established by the Board of Regents, and who shall be elected to fellowship by the Board of Regents on recommendation of the Committee on Credentials.

All Fellows of the College shall be designated a Fellow of the College of Surgeons and shall be authorized and encouraged to use the letters F. C. S. after his name on professional cards, in professional directories and in scientific articles published in surgical literature.

VI. Fees.—An initial fee of Twenty-five Dollars shall be required of each member of the College on his election to fellowship by the Board of Regents. The annual dues will be Five Dollars.

VII. Directory.—The Board of Regents shall issue each year a directory containing the names and addresses of the Fellows of the College of Surgeons, arranged by States, provinces and colonies.

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VIII. Expulsion.—Any member of the College may be expelled for unprofessional or other conduct inconsistent with the rules and regulations of this corporation by a majority vote of the Board of Regents.

IX. Standing Committees.—The Board of Regents shall elect the following standing committees: 1, Credentials; 2, Legislation; 3, Graduate Schools and Hospitals.

These by-laws were unanimously adopted, with the provision that the Board of Regents make any minor corrections deemed desirable and present such corrections for adoption at the next meeting of the Board of Governors.

OFFICERS ELECTED.

President, J. M. T. Finney, Maryland; first vice-president, W. W. Chipman, Quebec; second vice-president, Rudolph Matas, Louisiana; treasurer, A. J. Ochsner, Illinois; general secretary, Franklin H. Martin, Illinois.

BOARD OF REGENTS.

J. M. T. Finney, Maryland; A. J. Ochsner, Illinois; Franklin H. Martin, Illinois; George E. Brewer, New York; George E. Armstrong, Quebec; John B. Murphy, Illinois; Edward Martin, Pennsylvania; F. J. Cotton, Massachusetts; Herbert A. Bruce, Ontario; C. F. Stokes, Washington, D. C.; William D. Haggard, Tennessee; George W. Crile, Ohio; Robert E. McKechnie, British Columbia; Charles H. Mayo, Minnesota; Harry M. Sherman, California.

SELECTION OF FELLOWS.

Much interest was manifested in the method to be pursued in the selection of the members of the corporation and in the method of conferring fellowships. A series of resolutions covering this subject were offered by the secretary and adopted.

The prospective fellows are to be divided into four classes, A, B, C and D. Classes A, B and C are by resolution to be admitted without the formality of submitting to an examination under the following resolution:

"*Resolved,* That the A class shall consist of founders of the College.

"The B class shall consist of the members of the special surgical societies constituting the Congress of American Physicians and Surgeons and one hundred each, nominated by accredited committees, from the Surgical Section of the American Medical Association, from the Section on Obstetrics, Gynecology and Abdominal Surgery of the American Medical Association, from the General Surgical Section of the Clinical Congress of Surgeons of North America, from the Division of Surgical Specialties of the Clinical Congress of Surgeons of North America, from the American Association of Obstetricians and Gynecologists, from the Surgical Section of the Canadian Medical Association, from the Southern Surgical and Gynecological Association and from the Western Surgical Association.

"The C class shall consist of surgeons of prominence of five years in the practice of surgery or a surgical specialty and who,

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in the opinion of the Committee on Credentials, are eligible for fellowship in the College without formal examination."

For all others, coming under Class D, the following resolution was passed:

"Be It Further Resolved, That the Board of Regents, through the Committee on Credentials, limit the admission of the Fellows to classes A, B and C until the Board of Regents formulates a standard of requirements for Class D and reports the recommendations back to the Board of Governors for approval at the meeting to be called by the Board of Regents in Chicago, November, 1913."

APPLICATIONS FOR FELLOWSHIPS.

It will be the spirit of this Association to open the fellowship to all competitors in surgery without favor. Scientific attainments, surgical ability, unquestioned moral character, measured by the College's standards, shall constitute the measure for fellowship.

There are many hundreds of surgeons on the continent who are not included in classes A and B who fall into the C class. Applications from these men will be welcome and their names will have the most careful consideration by the Committee on Credentials.

All applications for membership should be forwarded to the secretary of the corporation. It would add to the ease of the work of the Committee on Credentials if references in the way of vouchers or recommendations from one or more well-known surgeons accompany each application for fellowship.

FORMAL CONFERRING OF FELLOWSHIPS.

The first convocation for the formal conferring of fellowships will occur in November, 1913, at a time and place that will be designated later. The first directory of Fellows will be distributed at that meeting. For that reason the applications for fellowships on the part of A, B and C classes should be filed as promptly as possible in order to facilitate the correcting of lists for publication.

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upon to accomplish results that rarely fail to persist for a long and gratifying period. Because of this very marked corrective action on the physiologic processes of the bowels, Prunoids have no superior as a remedy for the systematic treatment of chronic constipation of functional origin. It is no exaggeration to state, therefore, that no other remedy thus far offered for laxative or cathartic purposes produces more prompt, positive and permanent effects with such gratifying freedom from unpleasant or objectionable sequelae.

Blaud's Mass in Liquid Form.

THE chief advantage of a preparation such as Lilly's Liquid Blaud, is due to the fact that it enables the physician to have the patient prepare extemporaneously, fresh ferrous carbonate at the time of taking each dose. This remarkable and unique peculiarity of Liquid Blaud also makes it a very delicate preparation and led some to think that it would be impossible to place it with the pharmacist for physicians' prescriptions. After considerable experimentation, what at first was thought to be an insuperable difficulty was neatly and effectively overcome, as will be explained. Special precautions have to be observed in bottling it, because the oxidizing influence of moist air on the hygroscopic glycerin solution containing the component parts of Blaud's Mass might easily cause deterioration.

In making Liquid Blaud, ferrous sulphate and potassium carbonate are first dissolved in anhydrous glycerin. The air in the bottles to be filled is replaced by carbon dioxide; a small amount of liquid petrolatum is introduced into each bottle and the glycerin solution of the iron and potassium salts is then poured into the bottles. The liquid petrolatum, being lighter, rises to the surface of the glycerin solution and forms a layer which excludes all atmospheric moisture.

At the time of taking a dose the bottle is shaken and the petrolatum is broken up into minute globules and thoroughly distributed throughout the glycerin solution, so that only a small portion is lost in pouring the dose. When the dose is mixed with water the iron salts react and the ferrous carbonate is formed, appearing as a greenish gelatinous precipitate. After the bottle has been set at rest the petrolatum rises to the surface and forms a layer so that the solution is again protected from the atmosphere. This is a very simple but ingenious device Eli Lilly & Co. made it practicable for the physician to give any patient the advantages of this very effective but delicate formation, provided a few simple directions are followed.

Lilly's Liquid Blaud has been steadily growing in popularity among physicians who find it advisable to prescribe iron, since it permits of the administration of carbonate of iron in its most assimilable form. Liquid Blaud is supplied plain, with arsenic, with strychnine and with arsenic and strychnine.

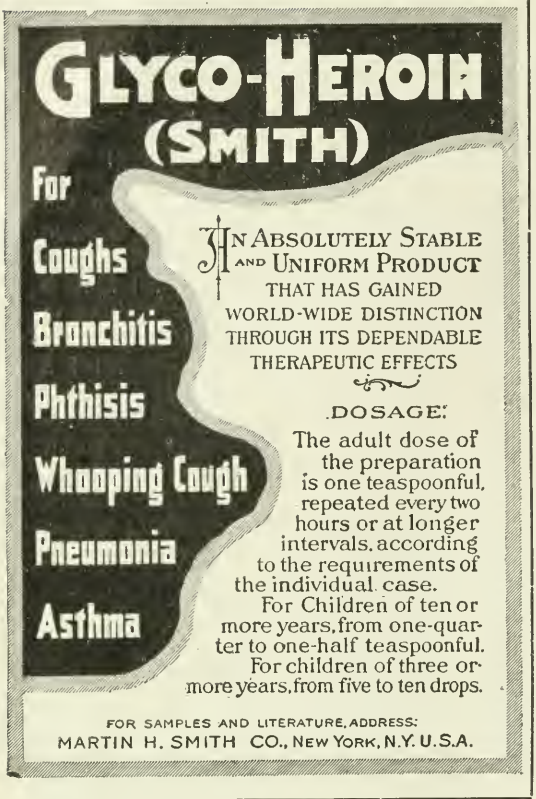
The Story of Indigestion.

AGAIN we turn to Hippocrates for our first knowledge of indigestion, in which he gave for water for colics, black hellebore for constipation and advised the imitation of certain foods. It remained, however, for Paracelsus, in about 1500, to bring out the idea that putrefaction was an essential element of digestion. Borelli published the first book on Physiology about 1700, in which he described digestion, and said that health depended upon the reaction of the body fluids.

It was not until the nineteenth century that gastric juice from the hog was given internally, although Dr. Physick had used it for years in the treatment of ulcers. Dr. T. W. Ellsworth, of Hartford, Conn., was the first to try it internally. In 1851 he dissolved a piece of meat, lodged in a boy's throat, by giving a teaspoonful of gastric juice from a hog every hour. Pepsin and pancreatin were then imported, but to Reed & Carnrick belongs the honor of first making them in this country in 1802—*When Did It Happen? Published by Reed & Carnrick.*

The Recovery From La Grippe.

SINCE the first appearance upon our shores of that unwelcome infectious disease known as La Grippe, the medical journals have been filled with articles advocating different methods of treating the attacks itself and its various com-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plications. But little attention, however, has been paid to the important question of how to best treat the convalescent subject. Among all of the acute infections there is probably none that is as likely to leave the patient quite as thoroughly devitalized and generally prostrated as does a sharp attack of La Grippe. For some reason the degree of prostration from grippal infection appears to be entirely out of proportion to the severity of the attack itself. This peculiarity renders is advisable and usually necessary to strengthen and support the general vitality of the patient during the period of convalescence. Complete rest, nourishing food, plenty of fresh air and stimulation according to indications are, of course, distinctly important measures. At the same time tonic and hematinic medication should not be neglected. Probably the most generally acceptable and efficient general tonic and hemic reconstituent for such patients is Pepto-Mangan (Gude), a bland, non-irritant and promptly absorbable combination of the organic peptonates of iron and manganese. This efficient blood-builder and reconstructive does not disturb digestion nor induce constipation, and is readily taken by patients of all ages.

The Constant Need for an Effective Tonic.

It is a fact not generally recognized, but very true, nevertheless, that the class of remedies most frequently used by the practitioner is that made up of the tonics or reconstructives. This is not so surprising, however, when we stop to consider that the great bulk of ailments which lead people to consult their physician have their origin in some depression, derangement or "falling off" in bodily vitality. Naturally, in instituting treatment for such afflictions, the practitioner seeks to stimulate faltering functions, increase the activity of weakened organs and restore all the energy he can to the whole organism. To do all this and produce permanent, not temporary, results requires a remedy that possesses beyond all question tonic and reconstructive properties.

Among those that have been found especially capable of upbuilding the body and accomplishing changes permanent in character, Gray's Glycerine Tonic Comp. has long stood first. The reason for this popularity is found at once in the remarkable efficiency of this product, for when properly administered it is a dependable means of effecting prompt and substantial results in atonic indigestion, gastro-intestinal catarrh, chronic bronchitis, incipient tuberculosis, neurasthenia, nervous disorders in general, and wherever an efficient restorative and reconstructive is needed. For over 16 years "Gray's" has been at the command of the profession, and countless physicians derive genuine satisfaction from its use because they have found it one of the few remedies that measures up to all that the word tonic means in modern therapeutics.

Bacterial Vaccine Therapy.

TREATMENT of infectious diseases with preparations derived from corresponding micro-organisms is unquestionably growing in favor. Not only do the bacterial vaccines (or bacterins) seem destined to a permanent place in therapeutics, but their field of applicability is constantly broadening. Proof of this is seen in the growing list of these products announced by Parke, Davis & Co., no less than 19 of the vaccines now being offered to the profession.

There are a number of reasons for the favor which is being accorded to the bacterial vaccines. In the first place, these products are in consonance with the scientific trend of present-

day medication. They are being used with a gratifying measure of success. The way in which they are marketed (sterile solutions in hermetically-sealed bulbs and in graduated syringes, ready for injection) appeals to the modern medical man, since it assures both safety and convenience. The moderate prices at which they may be purchased also tend to give them vogue.

Surgical Lore.

The beginnings of surgery were coincident with those of medicine, much of it being done during the wars, for it is noted that Aesculapius and his two sons were at the siege of Troy. It was about 300 B. C. at Alexandria that the first human body was dissected, but public sentiment soon put a stop to it. Later, in fact, through the middle ages, the physicians were usually priests, and consequently could not shed blood, so until the days of Ambrose Paré, surgery not only made no advance, but had deteriorated. Formerly, in amputations, the blood vessels were seared with a red-hot iron, but Paré, "Father of Modern Surgery," first used the ligature.

The modern advance in surgery is curiously enough based on the achievements of three men, only one of whom was a surgeon: Simpson, who gave us chloroform; Morton, who gave us ether, and Lister, who introduced antisepsis.

It was in 1864 that Lord Lister first used the carbolic spray in the operating room over patient, surgeon, attendants and instruments, and one of the greatest terrors of surgery was removed.—*When Did It Happen? Published by Reed & Carnrick.*

Recovering From Pneumonia.

To hasten convalescence from pneumonia, the physician will find a substantial aid in Cord. Ext. Ol. Morrhuae Comp. (Hagee).

Its distinctive service in inflammations of the air passages and the function it serves as a nutritive entitle it to first choice as a reconstructive product, and for these reasons it is the agent *par excellence* in convalescence from pneumonia.

Constipation of Infants.

In the adjustment of diet to the particular requirements of the individual infant, constipation is often a prominent symptom that must be taken into account.

The baby that is habitually constipated is not likely to make the progress it should or that is desired, and when this condition exists for any great length of time it may lead to serious digestive disturbances.

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Discrimination In Choosing an Anodyne.

The exercising of more than ordinary care in choosing an anodyne, particularly in the case of women and children, is quite essential. This is all the more so when it is remembered what distressing after-effects follow the use of some anodynes.

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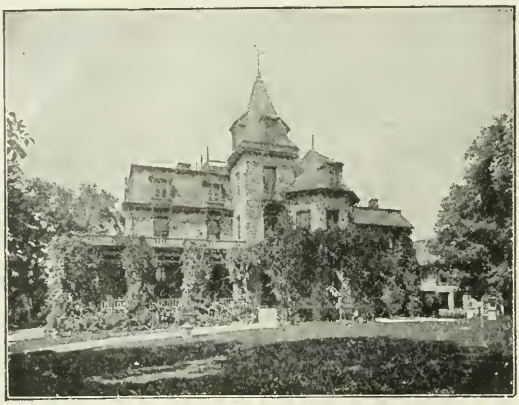

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Another case is that of a professional man (43) who has suffered from a chronic nasal catarrh for some nine years, and deafness in the left ear for about a year, with difficulty in breathing through the left nostril. This gentleman does much public speaking, and in the frequent effort to clear his throat he often became quite hoarse. He received in all eight injections of Mixed Infection Phylacogen, doses up to 10 Cc. being given. The reactions after the third, fourth and fifth doses were very severe, but the latter doses did not cause much disturbance. He gradually lost his catarrh, and hearing returned at the middle of the course. The result has been most satisfactory, especially as regards the improved condition of his voice and throat in public speaking.

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Another case is that of a housemaid (26), who when five years old had an attack of scarlet fever. Ever since then she has had discharge from the right ear, with almost complete deafness; could only hear a watch pressed close on the ear. Treatment was commenced on April 27, 1913, with injection of 2 Cc. Mixed Infection Phylacogen, doses being gradually increased to 10 Cc. After two or three injections the discharge increased in quantity, and became thinner, and thereafter gradually diminished. After eleven injections, extending over three weeks, the patient with her left ear on the pillow heard with the right ear for the first time in twenty-one years the clock ticking in her bedroom. Since then hearing in the right ear is almost as good as in the left.

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